

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09482775	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6	1						56			
7							57			
8							58			
9							59			
10	1						60			
11		1					61			
12		1					62			
13	1						63			
14		1					64			
15		1					65			
16		1					66			
17	1						67			
18		1					68			
19		1					69			
20		1					70			
21		1					71			
22		1					72			
23		1					73			
24		1					74			
25		1					75			
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37		1					87			
38		1					88			
39		1					89			
40		1					90			
41		1					91			
42		1					92			
43		1					93			
44		1					94			
45		1					95			
46		1					96			
47		1					97			
48		1					98			
49		1					99			
50		1					100			
TOTAL IND.	5		1		1		TOTAL IND.		1	
TOTAL DEP.	27	1	1	1	1	1	TOTAL DEP.	1	1	1
TOTAL CLAIMS	26	1	1	1	1	1	TOTAL CLAIMS	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy